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## FACSIMILE TRANSMITTAL

<b>TO:</b>	<b>FROM:</b>
<b>Name:</b> Mail Stop AMENDMENT Group Art Unit 3731/Examiner David Reip	<b>Name:</b> Thomas H. Martin, Esq.
<b>Firm:</b> U.S. Patent & Trademark Office	<b>Phone No.:</b> 330-877-2277
<b>Fax No.:</b> 571-273-4702	<b>No. of Pages (including this):</b> 11
<b>Subject:</b> U.S. Patent Application No. 10/664,776 Gary K. Michelson Filed: September 17, 2003 BONE PLATE HAVING A PORTION ADAPTED TO OVERLIE A FASTENER Attorney Docket No. 101.0056-16000 Customer No. 22882 Confirmation No.: 4856	<b>Date:</b> September 16, 2005  <b>Confirmation Copy to Follow:</b> NO


## Message:

## CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8

I hereby certify that the attached Transmittal Form (in duplicate; \$1,200.00 total amount to cover the \$1,020 three-month extension fee and \$180 IDS fee is to be charged to Deposit Account No. 50-1068), Amendment, and IDS with Form PTO-1449 are being facsimile transmitted to the U.S. Patent and Trademark Office on September 16, 2005.

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FORM PTO-1083

SEP 16 2005

Attorney Docket No.: 101.0056-16000  
Customer No. 22882

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Gary K. Michelson

Serial No: 10/664,776

Filed: September 17, 2003

For: BONE PLATE HAVING A PORTION  
ADAPTED TO OVERLIE A FASTENER

Confirmation No.: 4856

Art Unit: 3731

Examiner: David Reip

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an Amendment in reply to the Office Action dated March 16, 2005 in the above-identified application.

- ☐ No additional fee is required.
- ☒ Applicant hereby requests a three-month extension of time to respond to the above office action.
- ☒ An Information Disclosure Statement with Form PTO-1449 is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	7	.	20	**	0	LG=\$50 SM=\$25 \$ 0
INDEPENDENT CLAIMS FEE	1	.	3	***	0	LG=\$200 SM=\$100 \$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS:					LARGE ENTITY FEE = \$380 SMALL ENTITY FEE = \$180	\$ 0
TOTAL						\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$\_\_\_ to cover the \*\*\* additional claims fee is enclosed.
- ☒ The total amount of \$1,200.00 to cover the \$1,020 three-month extension of time fee and \$180 IDS fee is to be charged to Deposit Account No. 50-1068.
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
MARTIN & FERRARO, LLP

Date: September 16, 2005

By:   
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